

FILED 30 JAN '18 14:43 USDC-ORP

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON
PORTLAND DIVISION

CHRISTOPHER SERAFIN

(Enter full name of plaintiff(s))

Plaintiff(s),

v.

THE WILLIAM C. EARHART COMPANY
INC, ADMINISTRATORS OF EMPLOYEE
BENEFIT PLANS

(Enter full name of ALL defendant(s))

Defendant(s).

3'18 CV 0192-*

Civil Case No. _____

(to be assigned by Clerk of the Court)

COMPLAINT

Jury Trial Demanded

☐ Yes

☐ No

I. PARTIES

List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.

Plaintiff

Name: CHRISTOPHER SERAFIN

Street Address: 3141 NE COUCH ST

City, State & Zip Code: PORTLAND, OR 97232

Telephone No. 503-235-4744

COMPLAINT

Revised: July 20, 2010

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#76542

Defendant No. 1 Name: _____
Street Address: _____
City, State & Zip Code: _____
Telephone No. _____

Defendant No. 2 Name: _____
Street Address: _____
City, State & Zip Code: _____
Telephone No. _____

Defendant No. 3 Name: _____
Street Address: _____
City, State & Zip Code: _____
Telephone No. _____

Defendant No. 4 Name: _____
Street Address: _____
City, State & Zip Code: _____
Telephone No. _____

II. JURISDICTION

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. A case involving the United States Constitution or federal laws or treaties is a federal question case. A case in which a citizen of one state sues a citizen of another state and the amount in damages claimed is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction (*check all that apply*)

☐ Federal Question

☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory, or treaty right is at issue?

- C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state of citizenship _____

Defendant(s) state(s) of citizenship _____

III. STATEMENT OF CLAIMS

Claim I

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

I AM A VICTIM OF FINANCIAL FRAUD AND FRAUDULENT PRACTICE COMMITTED BY THE WILLIAM C. EARHARD COMPANY INC, CONCERNING MY RETROACTIVE DISABILITY BENEFITS FOR THE PERIOD JULY 2004 - APRIL 2008. MY MONTHLY BENEFITS IS LOWER (DEPLETED) I DEMAND VERIFICATION OF MY TOTAL WORKING HOURS FROM 1993-2004, REVISE THE CALCULATION OF MY MONTHLY DISABILITY BENEFITS AND COMPENSATION FOR MISSED DISABILITY BENEFITS FROM JULY 2004 TO APRIL 2008, RECALCULATION OF MY TOTAL WORKING HOURS SHOULD BE MADE BY AN INDEPENDENT FINANCIAL INSTITUTION

Claim II

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

I DEMAND REIMBURSEMENT OF COURT COST, ATTORNEYS FEE
COST OF ADDITIONAL CALCULATIONS OF MY TOTAL WORKING
HOURS MADE BY AN INDEPENDENT FINANCIAL INSTITUTION
AND ALL OTHER ISSUES ~~MADE~~ RELATED THERETO.

Claim III

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

I MEET ALL OF MY REQUIREMENTS FOR EXPENSES
FOR ADDITIONAL TEST TO CONFIRM MY TOTAL
DISABILITY TO WORK

(If you have additional claims, describe them on another piece of paper, using the same outline.)

ADDITIONAL CLAIMS ATTACHED


IV. RELIEF

State briefly exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.

TO APPOINT AN INDEPENDENT FINANCIAL INSTITUTION
TO REVISE MY TOTAL WORKING HOURS FROM
1993 - 2004 AND REVISE MY MONTHLY
DISABILITY BENEFIT

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 30 day of JANUARY, 2018.


(Signature of Plaintiff(s))

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>CHRISTOPHER SERAFIN</u>
Street Address	<u>3141 NE COUGH ST</u>
City and County	<u>PORTLAND, MULTNOMAH</u>
State and Zip Code	<u>OR, 97232</u>
Telephone Number	<u>503-235-4744</u>
E-mail Address	<u>_____</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1	<u>THE WILLIAM C. EARHART COMPANY, INC</u>
Name	<u>ADMINISTRATORS EMPLOYEE BENEFIT PLANS</u>
Job or Title (if known)	<u>_____</u>
Street Address	<u>3140 NE BROADWAY ST.</u>
City and County	<u>MULTNOMAH, PORTLAND</u>
State and Zip Code	<u>OREGON 97208</u>
Telephone Number	<u>503-282-5581</u>
E-mail Address (if known)	<u>_____</u>

Defendant No. 2

Name	<u>_____</u>
Job or Title (if known)	<u>_____</u>
Street Address	<u>_____</u>
City and County	<u>_____</u>

State and Zip Code _____

Telephone Number _____

E-mail Address
(if known) _____**Defendant No. 3**

Name _____

Job or Title
(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address
(if known) _____**Defendant No. 4**

Name _____

Job or Title
(if known) _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address
(if known) _____**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal question

☒ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) CHRISTOPHER SERAFIN, is a citizen of the State of (name) OREGON.

b. If the plaintiff is a corporation

The plaintiff, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) THE WILLIAM C. EARHART COMPANY, INC. ADMINISTRATOR OF EMPLOYEE BENEFIT PLANS is a citizen of the State of (name) OREGON. Or is a citizen of (foreign nation) _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____. Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

UNION 296 HAD FRAUDULANT PRACTICES OF RECORD KEEPING
AND REPORTING MY WORKING HOURS FROM PERIOD 1993-2004
THE TRUST REJECTED NEGOTIATION WITH ME FOR REVISING
MY REPORTING HOURS AND COMPENSATING ME FOR
RETROACTIVE DISABLE BENEFITS FOR PERIOD 2004-2008

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

MY MONTHLY DISABLE BENEFITS FROM THE WILLIAM C.
EARHART COMPANY INC. IS INCORRECT. I DEMAND
VERIFICATION OF MY TOTAL WORKING HOUR FROM 1993-2004
REVISE THE CALCULATION OF MY MONTHLY DESABILITY
BENEFITS FROM JULY 2004 TO APRIL 2008

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 01-30, 2018.

Signature of Plaintiff

Printed Name of Plaintiff

CHRISTOPHER SERAFIN

B. For Attorneys

Date of signing: _____, 20____.

Signature of Attorney	_____
Printed Name of Attorney	_____
Bar Number	_____
Name of Law Firm	_____
Address	_____
Telephone Number	_____
E-mail Address	_____